Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of	)	
	)	
Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213
	)	

REPLY COMMENTS

I. INTRODUCTION & SUMMARY

The American Cable Association ("ACA") hereby submits reply comments in response to the Federal Communications Commission ("Commission") Notice of Inquiry ("NOI") in the above-captioned proceeding.[1] The NOI has succeeded in uniting a diverse range of constituencies behind the idea of creating a Universal Service Fund ("USF") pilot program to support delivery of connected care to low-income Americans. The program offers a timely opportunity to explore new and innovative ways that broadband technologies can support health care delivery and improve care for low-income populations in both rural and urban America. As ACA suggested in its initial

[1] *See Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry, FCC 18-112 (rel. Aug. 3, 2018).

comments,[2] and the record affirms, the new program will get the most out of its limited budget if it leverages existing broadband investments to the greatest extent possible and enables broadband providers other than Eligible Telecommunications Carriers ("ETCs") to participate. ACA thus encourages the Commission to incorporate these recommendations into its design of the program.

II. LEVERAGING EXISTING BROADBAND INFRASTRUCTURE WILL MAKE THE BEST USE OF THE PILOT PROGRAM'S LIMITED FUNDS

The comment record in this proceeding demonstrates widespread demand for the creation of a USF pilot program to support delivery of connected care to low-income Americans. Broadband providers and health care providers alike have expressed strong interest in the program, and collectively they identify a striking array of potential use cases for connected care pilot projects.[3] While this breadth of interest is encouraging, underneath it lies a sobering truth: the demand for pilot program funds among health care provider applicants may far exceed the program's limited budget, leaving the Commission with difficult choices how to allocate the available funds. Although it is unlikely the Commission can avoid this dilemma entirely, it can stretch the program's budget as far as possible by taking appropriate steps to ensure that awarded

[2] *See* Comments of ACA on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("ACA Comments").

[3] *See, e.g.,* Comments of USTelecom on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("USTelecom Comments"); Comments of CTIA on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("CTIA Comments"); Comments of NCTA on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("NCTA Comments"); Comments of AT&T on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("AT&T Comments"); Comments of Hughes on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("Hughes Comments"); Comments of the Medical University of South Carolina on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018); Comments of the American Academy of Dermatology Association on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018); Comments of Cherokee County Health Services on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018); Comments of the American College of Obstetricians and Gynecologists on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018) ("ACOG Comments"); Comments of Medical Alley Association on NOI, WC Docket No. 18-213 (filed Sept. 10, 2018); Comments of the American Physical Therapy Association on NOI, WC Docket No. 18-213 (filed Sept. 5, 2018).

funds are used cost-effectively and for purposes distinctly related to the goals of the program.

Most significantly, the Commission should follow ACA's recommendation, which finds ample support in the record, that the program leverage existing broadband infrastructure to the greatest extent possible. The NOI contemplates—and commenters also suggest—that the program should serve, in part, as a test bed for exploring different approaches and ways of delivering connected care to low-income Americans, as well as for projects that target a wide range of medical needs and patient populations.[4] These are ambitious "experimental" goals.[5]

The program will best fulfill its ambitions if it maximizes the use of program funds on isolating and testing variables specific to the provision of connected care, rather than on the more general task of building network infrastructure. As AT&T observes, broadband infrastructure is already widely deployed throughout the nation,[6] including in much of rural America,[7] and the record does not suggest that low-income consumers reside predominantly in areas that lack broadband infrastructure suitable for pilot

[4] *See NOI,* ¶ 12 (discussing the role of Commission pilot programs in "explor[ing] the benefits of using USF support to enhance access to broadband service"); *see also* USTelecom Comments at 2 (suggesting the program "explore . . . specific factors within the Commission's purview" that impede delivery of connected care to low-income Americans "and what it can do to encourage greater telehealth adoption"); Comments of UnitedHealth Group on NOI, WC Docket No. 18-213 at 3 (filed Sept. 10, 2018) (suggesting that the program allow experimentation with different types of connected care telehealth applications); Comments of Nemours Children's Health System and the Children's Partnership on NOI, WC Docket No. 18-213 at 1 (filed Sept. 10, 2018) (suggesting the program focus on delivering care to children); ACOG Comments at 2 (suggesting the program focus on delivering care to pregnant women).

[5] *See* NOI, ¶ 2.

[6] AT&T Comments at 4.

[7] *See Inquiry Concerning Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion,* GN Docket No. 17-199, 2018 Broadband Deployment Report, 33 FCC Rcd 1660, 1681 Tbl. 1 (2018) (reporting that, as of the end of 2016, over 69 percent of Americans in rural areas and 60 percent on Tribal lands had access to 25 Mbps download/3 Mbps upload fixed broadband service).

projects. Accordingly, it is unnecessary for the Commission to devote a substantial portion of program funds to upgrades or new deployments in order to facilitate a broad, diverse range of connected care pilot projects.

While broadband availability is an essential precondition for connected care, the Commission should generally steer clear of pilot projects that include a broadband deployment component. Rather, the Commission should select projects that leverage existing broadband infrastructure as much as possible. It should accept pilot projects that include upgrades or new deployments by a broadband provider in only rare circumstances where it produces a key insight could not otherwise be obtained through reliance on existing broadband providers, and such insight is not otherwise being obtained from any other pilot project.[8]

In the most common circumstance, therefore, where the pilot program is relying on existing broadband providers, the Commission should, as ACA recommended in its initial comments, disburse funds in the form of vouchers that patients could use to

[8] In selecting the provider to do any such upgrade or new deployment, the project should also utilize the Request for Proposal ("RFP") and local provider right-to-match mechanisms outlined in ACA's initial comments. *See* ACA Comments at 3-4. These safeguards should also apply if a health care provider conducts its project through partnership with a third-party telehealth provider that secures the necessary broadband connectivity, as AT&T contemplates. *See* AT&T Comments at 11. Local providers should also have an opportunity to challenge provisionally selected projects to ensure that funds are not improperly awarded or disbursed, as ACA argued in its comments. *See* ACA Comments at 5. Should the program focus on connectivity rather than deployment as ACA recommends in these comments, the challenge process would be relatively narrow and easy to implement. Some comments suggest that a challenge process may be impractical within the confines of a pilot program. *See* Comments of American Hospital Association on NOI, WC Docket No. 18-213 at 8 (filed Sept. 7, 2018) (calling for an "administratively simple" program); USTelecom Comments at 5 (suggesting that "the short duration of the Pilot may preclude a [challenge process]"). If the Commission agrees, it should restrict the scope of the program to projects that rely exclusively on existing broadband infrastructure, thereby eliminating the need for any challenge process.

purchase broadband connectivity from their choice of provider.[9] ACA maintains that a support model of this kind makes good sense for a program focused, as recommended above, on enabling connectivity rather than subsidizing deployments. At the very least, the Commission should experiment with pilot projects that use direct patient subsides to pay for the broadband connectivity component of the project.

III. ALL CAPABLE BROADBAND PROVIDERS SHOULD BE ELIGIBLE TO PARTCIPATE IN THE DELIVERY OF CONNECTED CARE

A diverse range of commenters agree with ACA that all capable broadband providers should be eligible to participate in the pilot program, regardless of whether the provider is an ETC.[10] NCTA documents the expertise of cable operators in particular, including "smaller cable operators," in providing vital connectivity to health care providers in rural areas.[11] The broadband capabilities of cable operators and their presence in both urban and rural areas is beyond serious dispute; the Commission should "seek to harness these extremely relevant experiences and services" as much as possible rather than impose an eligibility requirement that may unfairly exclude some cable operators from the program.[12]

ACA disagrees with NTCA's assessment that restricting eligibility to ETCs is appropriate because doing so "would be consistent with the goal of increasing

[9] ACA Comments at 3-4; *see also* Comments of Virginia Telehealth Network on NOI, WC Docket No. 18-213 at 5 (filed Sept. 7, 2018) (suggesting that program funds be used "to defray the cost of broadband connectivity, either entirely, or through a fixed discount as with the FCC's existing Lifeline program").

[10] *See* NCTA Comments at 1; Hughes Comments at 18-19; AT&T Comments at 11; Virginia Telehealth Network Comments at 10; OCHIN Comments at 5; Comments of the Schools, Health & Libraries Broadband Coalition on NOI, WC Docket No. 18-213 at 7 (filed Sept. 10, 2018).

[11] NCTA Comments at 1-3.

[12] *See id*. at 3.

broadband deployment in unserved or underserved areas."[13] NTCA itself contends that "the pilot program should focus on locations that have *already* deployed high-speed broadband networks,"[14] in which case its rationale for restricting participation to ETCs would not apply. Nor is there any basis to assume that only ETCs have deployed high-speed broadband networks suitable for pilot projects. On the contrary, cable operators have expansively deployed such networks, yet for historical reasons many have never pursued ETC status. Excluding cable operators and other non-ETCs from the program would sharply reduce the availability of broadband infrastructure to support pilot projects and could forgo opportunities to experiment with the delivery of connected care using various broadband technologies. Moreover, while ACA agrees that "[a] beneficial by-product of the health care pilot could be the user's exploration of broadband for other functions,"[15] that observation applies whether or not the broadband provider is an ETC. Absent a statutory requirement to limit participation in the program to ETCs, the Commission should seek to leverage as broadly as possible existing broadband infrastructure and capabilities that can support the delivery of connected care.

[13] See Comments of NTCA on NOI, WC Docket No. 18-213 at 13 (filed Sept. 10, 2018) ("NTCA Comments"); *see also* Comments of Gila River Telecommunications, Inc., on NOI, WC Docket No. 18-213 at 11 (filed Sept. 10, 2018).

[14] NTCA Comments at 4 (emphasis added).

[15] *Id*. at 14.

IV. CONCLUSION

ACA appreciates the opportunity to file reply comments in response to the NOI, and it encourages the Commission to take its recommendations into account as it develops the connected care pilot program.

Respectfully submitted,

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